

# Payee Registration Form

1. TAX IDENTIFICATION NUMBER (TIN) (Use Social Security if sole proprietor) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	2. NAME (Or Legal Business Name)
State of Michigan Use Only:  Y    001    202 Y    001    201 N    001    203 Y    001    204 N    001    ____	3. TYPE OF OWNERSHIP  <input type="checkbox"/> Individual/Sole Proprietorship (Name of Individual) _____ <div style="text-align: right; margin-right: 50px;">First                  Middle                  Last</div> <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation, State of _____
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	4. MAILING ADDRESS (Street and /or P.O. Box)  Attn – 1: _____ Phone: (____) _____  Attn – 2: _____ Fax: (____) _____  Attn – 3: _____  Street/P O Box _____ City: _____ State: _____ Zip: _____ Contact Name: _____
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	5. REMITTANCE ADDRESS (If different than above)  Attn – 1: _____ Phone: (____) _____  Attn – 2: _____ Fax: (____) _____  Attn – 3: _____  Street/P O Box _____ City: _____ State: _____ Zip: _____ Contact Name: _____
6. Signature: _____ Date: _____	

**PAYEE REGISTRATION**  
**State of Michigan**  
**Department of Management and Budget**  
**Office of Financial Management**  
**P.O. Box 30710**  
**Lansing, MI 48909**  
**Telephone: (517) 373-4111**  
**Fax Number: (517) 373-6458**

**Form DMB – 20-OFM (10/94)**

**AUTHORITY: Act 431 of 1984.**  
**COMPLETION: Voluntary completion**  
**necessary for inclusion in master**  
**vendor/payee file.**